WORKING WITH
THE RESIDUES OF
CHILDHOOD
SEXUAL ABUSE IN
COUNSELLING AND
PSYCHOTHERAPY

AN ADVANCED TRAINING
MODULE FOR COUNSELLORS,
THERAPISTS AND OTHER
MENTAL HEALTH
PRACTITIONERS

Parivarthan is a Counselling, Training and Research Centre, which has been in service for over 25 years, providing both basic and advanced training in counselling skills and life skills, counselling services by trained professionals and research in the field of mental health



Childhood sexual abuse (CSA) in India, like in much of the world, is rampant. Statistically over 50% of all children in our country are likely to have faced some form of sexual abuse*. Vast clinical and social evidence tells us that CSA can leave residues well into adulthood, impacting many aspects of psychological, sexual and relational health of an individual**. As therapists, we are likely to have encountered several people who have histories of CSA. Sometimes they come into therapy with a stated intention to work through their CSA residues, other times these memories and corresponding associations emerge after the therapy process has begun.

The Covid-19 pandemic has caused major disruption, uncertainty and loss for many individuals and communities across the world. In India, in addition to the medical emergency - lockdowns, restrictions to movement, work and social connection has exacerbated the mental health impact of the pandemic. In our clinical practices, we encounter this in many different ways-- more people requesting therapy, increased levels of distress, frequent situations of panic, higher rates of suicidality and so on. We also notice that CSA trauma from the past has been (re)surfacing with increased frequency and intensity for our clients.

The fact that childhood trauma would resurface at times of stress is not surprising. It is indeed a crucial character of trauma, that it gains significance retroactively. Suffering in the present time can bring renewed potency and character to trauma of the past***. Therefore, working through trauma in therapeutic settings necessitates knowing something about how to treat one in relation to the other, moment 2 (present or recent present) and moment 1 (the first event). This second moment can be social (e.g. having to encounter the perpetrator at close quarters daily), psychological (e.g. loss of control, themes relating to touch, body, hygiene) and / or systemic triggers (e.g. loss of employment, financial crisis etc.).

Now more than ever, mental health practitioners need to be prepared to listen and ethically facilitate a process of healing of past traumas triggered in the present. This training is designed to equip therapists with knowledge and skills that will help identify and work through CSA residues in their practice, especially as we all navigate this time of stress and unpredictability.

Understanding the effects of child sexual abuse: Feminist Revolutions in Theory, Reserach and Practice. East Sussex: Routledge.

^{*}Kacker, L., Varadan, S., & Kumar, P. (2007). Study on Child Abuse: INDIA 2007. New Delhi. Human Rights Watch. (2013). Breaking the Silence: Child Sexual Abuse in India. USA. Retrieved from https://www.hrw.org/report/2013/02/07/breaking-silence/child-sexual-abuse-india

^{**}Bhaskaran, S. T. S. D. (2015). A clinical study and short term outcome of children and adolescents with history of sexual abuse (Unpublished thesis). National Institute of Mental Health and Neurosciences, Bangalore, India. Finkelhor, D., & Browne, a. (1985). The traumatic impact of child sexual abuse: a conceptualization. The American Journal of Orthopsychiatry, 55(October), 530–541. http://doi.org/http://dx.doi.org/10.1111/j.1939-0025.1985.tb02703.xMaitra, S. (2005). Mental Health Co-relates of Childhood Sexual Abuse (Unpublished doctoral thesis). University of Mumbai, India. Van der Kolk, B. (2014). The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma. New York: Viking Penguin. Women's Research Centre. (1989). Recollecting our Lives: Women's Experience of Childhood Sexual Abuse. Vancouver B.C.: Press Gang Publishers.Warner, S. (2009).

^{***}Freud, S. (1895). Project for a Scientific Psychology Part II. Standard Edition, Vol 1: p283-387: Hogarth Press 1950 Kaplow, J.B. et al (2006). The Long–Term Consequences of Early Childhood Trauma: A Case Study and Discussion. Psychiatry: Interpersonal and Biological Processes: Vol. 69, 4: pp. 362-375.

SCOPE AND ORIENTATION OF TRAINING

This training focuses on therapeutic care that can be offered to an individual once childhood sexual abuse has ended. The training draws on research and current Some of the themes that we expect to cover include: practices in the area. Terminology used around CSA (legal, social, therapeutic) and the ethical implications of these, Beliefs and social discourses around childhood and adult sexuality, Ethical position in counselling, Frequently found feelings (Guilt, Anxiety, Sorrow, Anger, Ambivalence), Power dynamics, Body and Instinct, the process of Healing and supporting psycho-social Skill development. Our endeavour is to fine tune the course based on the contexts and experiences of the final group of participants. Elements from the above- mentioned list, which is by no way exhaustive, will be focussed on The trainers will bring their own methodological and theoretical accordingly. orientations to the training process which includes intersectional feminism, bodywork, narrative psychoanalytical based therapeutic approaches and conceptualisations.

TRAINING STRUCTURE AND METHODOLOGY

The training will be offered online twice a week over a period of six weeks. Duration of each training group session will be 2 hours. It will also be expected that participants work outside of group session hours in smaller groups as well as individually.

There will be three strands to the training-- learning, reflection and practice.

- The learning component will largely be instructor led and involve lecture and discussion.
- The practice component will largely be in peer groups and involve role-plays and ongoing case discussion.
- The reflection component will largely be individual and involve writing / artwork.

All three strands will be woven together through the course.

Participants will be expected to read material, participate in discussions, present casework, be self-reflective and share this reflection in writing / art.

Number of participants in the training will be limited to a maximum of 10.

PARTICIPANTS

This training has been specifically designed for counsellors, psychotherapists and other mental health practitioners who work with clients. It assumes that participants will have undergone rigorous foundational training, have ongoing client work and be supported in supervision and personal therapy.

TRAINING COST

Rs.20,000/- (Rupees twenty thousand only) plus GST @ 18%, payable online to our Bank Account, details of which will be advised once your Admission is confirmed.
A few seats are available on discount for deserving candidates

A Parivarthan Certificate will be awarded on the successful completion of all three strands of the Training Module

SCHEDULE:

Twice a week: Wednesdays and Fridays Starting Nov 4 2020.

Time: 10 am to 12 pm

Dates:

November 2020 : 04, 06, 11, 18, 20, 25, 27

December 2020 : 02, 04, 09, 11, 16

(Break on Nov. 13 for Diwali)

More details on our website: https://parivarthan.org

APPLICATION PROCESS

- Fill in this **Application Form**
- You may be requested to give us some time for a phone/video call with you, only in case we need to clarify anything from your application.
- If you fulfil the application criteria, you will receive confirmation communication
- Pay the fee and register in the training
- Once you have registered, you will be requested to send in one detailed case description that incorporates CSA residues as a theme. We will draw on cases from the group to build in our training
- Your registration and participation will then be confirmed with an email from us.

ABOUT THE TRAINERS

Maitri Gopalakrishna is a Drama therapist, Counselling psychologist and practice-researcher. She has a PhD from the Tata Institute of Social Sciences in Mumbai and an MA in Counselling Psychology with a concentration in Drama Therapy from the California Institute of Integral Studies, San Francisco. She is also a registered drama therapist (RDT) of the North American Drama Therapy Association. She has been a member of staff at Parivarthan since 2009. Maitri works with both individuals and groups in a variety of institutional and community settings. Her work includes community preventative care, mental health support, psychotherapy and training. She has experience working with issues of gender, sexuality and sexual trauma and childhood sexual abuse. Her work is greatly influenced by intersectional feminist therapy, narrative approaches, role theory, psychodrama and theories of Augusto Boal. Maitri's current areas of practice-research include drama as intervention for sexual trauma and drawing on theories and practices from the Natyashastra in therapeutic work.

Prerna Kapur is a therapist working in the Psychoanalytic orientation. She obtained an MSc. in Psychoanalysis from University College London and Anna Freud Centre, and a BA Hons. in Psychology from Lady Shri Ram College. Prerna has worked with children, adolescents, and families over the last six years. Her experience includes working as a Therapist at The Shri Ram School (NCR), Rishi Valley School, Snehadhara Foundation – a Center for special needs children, Kara4Kids – an inclusive kindergarten, and Salaam Balak Trust amongst others. She has also completed the Safeguarding Children Training by UK National Crime Agency (NCA)'s Child Exploitation Online Protection (CEOP) Command (Feb 2015). She has been a counsellor at Parivarthan since 2018 and has worked with children, adolescents, individuals, and families

Manju Sapru will step in as programme support. Her profile can be accessed here.